LD1818 Workgroup — Evaluating Maine's All-Payer Claims Database

**Review of Current Structures & Relationships
Among MHDO, MHDPC, & Onpoint**

Presented May 10, 2012

Background – Onpoint Health Data

- 35+ years as independent, nonprofit

- Founded by MHA, MMA, MOA, BlueCross, MCD, Bingham

- Maine-based – Manchester, Portland offices

- 34 staff – programmers, analysts, health data specialists, project managers, other health IT professionals

- 2 core services

  - Data Management – Claims and hospital encounter data aggregation, cleansing, preparation

  - Health Analytics – Expert in claims-based reporting, analytic tools (groupers, risk adjusters, etc.), linking with other data sets, online reporting solutions

Background – Onpoint Health Data

- Clients
  - Data Management
    - All-Payer Claims Database – ME (MHDO), NH (DHHS/Ins. Dept.), VT (Dept. of Financial Reg.), MN (Dept. of Health)
    - Hospital Encounter – NH (DHHS)
  - Health Analytics – VT (Dept. of Financial Reg., Medicaid, Blueprint for Health), NH (Medicaid), ME (State of Maine Employees, ME CDC, Mercy, MaineHealth, Franklin, other provider organizations)

Background – Onpoint Health Data

- Track record of leadership, innovation
    - First of its kind, multi-payer claims database for MHMC
    - Data/analytic support for Wennberg / Dartmouth Institute variation work
    - Creation of first multi-state APCD database to support regional variation
    - Partnered in development of HealthInfoNet

Roles & Functions in Developing, Maintaining ME's APCD

- Two partners in Maine Health Data Processing Center (a public-private partnership)

  - **Onpoint** – Technical partner; brought experience developing a multi-payer claims database

  - **MHDO** – Regulatory partner; brought statutory authority, rulemaking experience in the collection and release of hospital data

Roles & Functions in Developing/ Maintaining Maine's APCD

Onpoint Health Data	MHDO
Payer communication, on-boarding	Rulemaking – data collection, release
Payer registration – initial, ongoing	Payer compliance
Secure upload and PHI encryption	Submitter role – Medicare (including mapping to APCD format), MaineCare
Data collection, validation in conformance with state regulations	Loading, warehousing data
Data specs, submission schema, reporting systems maintenance	Extracts to approved users
Master Person Index	Administrative – fee assessment to payers/providers, users; board support
Master Provider Index	
Extract preparation – qtrly to MHDO	

Impact of Other Organizations on Performance & Timeliness

- Organizations impacting APCD timeliness

Organization	APCD Role	Target
Payers	Extract enrollment, claims from data warehouse to Onpoint	30 days + 15-day grace period
Aggregator (Onpoint)	Intake, standardize, QA data; extract to MHDO	30 days
Regulator (MHDO)	Load/QA extract, prepare for release	15 days
Total		90 days

Impact of Other Organizations on Performance & Timeliness

- Current availability of data through MHDO

Payer	From	Through	Target	Status
Commercial	Q1, 2003	Q4, 2011	Q4, 2011	On time for the last 18 months
MaineCare	Q1, 2003	Q3, 2010	Q4, 2011	Molina implementation caused problems with eligibility, other data; corrected files expected soon
Medicare	Q1, 2003	Q4, 2006	Q4, 2010	07/08 in house; mapping complete; currently receiving test files

Impact of Other Organizations on Performance & Timeliness

- **Payers** – Issues impacting timeliness, performance
  - Percent files overdue (past 30-day deadline): 36%

File Type	% Late Q3 2011	% Late Q4 2011
Eligibility	34%	32%
Medical	53%	47%
Rx	42%	34%
Dental	35%	27%

  - Percent of files failing Onpoint DQ/validation edits: 37%

Impact of Other Organizations on Performance & Timeliness

- Direct vs. indirect interface with payer
  - Commercial plans – Direct, no delay
  - Government – Indirect, multiple parties involved; causes delay
    - MaineCare – MHDO as liaison
    - Medicare – MHDO as submitter
      - Application, DUA process
      - Mapping, programming to APCD format
      - Available once/year, Final Action Files

Impact of Other Organizations on Performance & Timeliness

- **Aggregator (Onpoint)** – Issues impacting timeliness, performance

  - Downstream from submitters – Issues that impact them impact Onpoint, too

  - Volume of small payers – 50-lives threshold

  - Last minute requests – Short-circuiting processes

  - Indirect relationships

- **Regulator (MHDO)** – Issues impacting timeliness, performance

  - Resource constraints

Factors Impacting Quality, Timeliness, & Output

- Data collected
  - Eligibility – Medical, pharmacy, and dental
  - Medical claims
  - Pharmacy claims
  - Dental claims
- Collection frequency
  - Monthly for 66% of companies (including MaineCare)
  - Quarterly for 20% of companies
  - Annually for 14% of companies (including CMS)

Factors Impacting Quality, Timeliness, & Output

- Volume

Metric	ME	NH	VT	MN
Submitters	149	71	77	78
Data volume/year	175M	115M	70M	525M
Files processed/month	400	175	200	200
Data types	EMPD	EMPD	EMP	EMP
Public payers – Medicaid	X	X	X	X
Public payers – Medicare	X			X

Factors Impacting Quality, Timeliness, & Output

- Administrative data set – Volume, diags, $; no outcomes

- Delays with government claims data

- Excluded activity
  - Uninsured, workers' compensation, VA
  - Outcomes/results from testing
  - Premium information, capitation/admin. fees, etc.

- Payer compliance with state rules
  - Acceptance criteria
  - Data quality edits

Factors Impacting Quality, Timeliness, & Output

- Lack of standards
  - Non-standard ways of processing, storing data by payers
  - Challenges
    - Master Provider Index – NPI took effect in '07; not fully or consistently implemented by submitters
    - Master Person Index – Encryption of PHI, inconsistent population of key identifiers (e.g., SSN)
    - Hospital owned practices – Billing at tax ID, provider-based reimbursement rules
    - Bundled billing – Loss of service-level detail

Factors Impacting Quality, Timeliness, & Output

- Infrastructure
  - Processing capacity – More than 100M claims and eligibility records per month

  - Performance – Manage and warehouse more than 10TB of APCD data on state-of-the-art Oracle databases and advanced Storage Area Networks

  - Security – Encryption technologies at both the file and field levels plus advanced firewall capabilities to ensure HIPAA compliance

Potential Changes to Improve Timeliness, Reliability, & Quality

- Reduce volume of submitters
  - Smaller submitters – Quarterly, annual filers
  - Dental submitters – Few requests for data
- Shift organization roles, free up resources
  - Streamline/simplify MHDO compliance process
  - Establish a direct relationship with MaineCare
  - Outsource Medicare mapping, integration

Potential Changes to Improve Timeliness, Reliability, & Quality

- Enhancing database as analytic resource
  - Increased value-add – Elements/flags, groupers
  - Consolidation claims
  - Increase data scrubbing
- Improve MPI
  - Person – Advanced clustering, improving quality of underlying elements
  - Provider – Intake of provider files, adding street address, adding physician-to-group crosswalk

Potential Changes to Improve Timeliness, Reliability, & Quality

- Harmonization efforts with other states
  - Demand for regional comparative analysis
  - Can't track patients from state to state
- Linking with other data sets
  - HealthInfoNet – Clinical outcomes, other
  - Hospital encounter
  - Birth, death, immunization registries

Potential Changes to Improve Timeliness, Reliability, & Quality

- Rule changes
  - SSN threshold increased
  - Expanding from *residents only* to *residents + policies written*
  - ICD-10 conformance
  - Provider file and/or street address submission

Questions or Follow-Up?

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